Instructions: This form is completed by the MRI Reading Center to document pathology notification and to notify the field centers of conditions seen on the MRI scan that need to be brought to the attention of the participant and their physician. An alert report is generated by the field centers once a notification is entered into the Data Management System.

**ADMINISTRATIVE INFORMATION**

0a. Read Date: 
   - Month: 
   - Day: 
   - Year: 

0b. Reader ID code: 

0c. ACROSTIC: 

1. Scan date: 

**REASON FOR REPORT AND REFERRAL**

(Y or N)

2. Immediate alerts: 
   - Acute hemispheric cerebral infarction: 
   - Significant space occupying lesion – i.e., tumor: 
   - Acute subdural or epidural hematoma: 
   - Subarachnoid hemorrhage: 
   - Acute intraparenchymal hematoma: 
   - Acute infarct: 
   - Abscess: 
   - Obstructive hydrocephalus: 

   → If no, go to Item 3

3. Physician notification recommended: 
   - Subacute infarct: 
   - AV malformation: 
   - Benign tumor with no mass effect: 
   - Communicating hydrocephalus: 
   - Aneurysm: 

   → If no, go to Item 4
4. Routine notification – minor or chronic .................................................. 
   4a. Old infarct....................................................................................... 
   4b. Lacunar infarcts ............................................................................. 
   4c. Microhemorrhage(s)....................................................................... 

5. Routine notification – normal ................................................................. 
   5a. White matter ischemia ..................................................................... 
   5b. Atrophy ............................................................................................ 

6. Other ........................................................................................................ 
   6a. Immediate alert ................................................................................. 
   6b. Physician notification recommended ............................................ 
   6c. Routine notification – minor or chronic ......................................... 
   6d. Routine notification – normal ........................................................ 
   6e. Describe other: ................................................................................ 

7. MRI evaluated.......................................................................................... 

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